



K A N S A S

RODERICK L. BREMBY, SECRETARY

DEPARTMENT OF HEALTH AND ENVIRONMENT

KATHLEEN SEBELIUS, GOVERNOR

WASTE TIRE TRANSPORTER PERMIT APPLICATION

This form is to be used by persons engaged in transporting and/or collecting waste tires (persons who will store more than 1000 tires on the premise or process tires will need to complete a waste tire storage or processing site application in addition to this form).

A. APPLICANT INFORMATION:

Company Name: _____

Street Address: _____
(City) (State) (Zip)

Mailing Address: _____
(City) (State) (Zip)

Contact Person: _____ Title: _____

Telephone Number: (____) ____-____ Fax Number: (____) ____-____

E-Mail _____

B. ACTIVITY: Check all activities in which this company is engaged in Kansas.

- _____ Waste tire transporter
- _____ Waste tire collection center
- _____ Waste tire processing facility
- _____ Mobile waste tire processor

C. Type of service offered:

_____ hire haul
_____ haul on demand
_____ route service
_____ contract
_____ other _____

D. Estimated number of tires collected and transported:

Daily _____
Monthly _____
Yearly _____

E. Will you do any grading or sorting of tires? ☐ Yes ☐ No

If yes, where_____?

Percent being graded _____%

Reused _____%

Recapped _____%

Scrap _____%

F. Describe the area you wish to serve.

[illegible]

G. Do you intend to service accounts located in another state?

☐ Yes ☐ No If yes, list below:

State	Permit Number (if required in that state)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

H. What are the average collection fees you intend to charge?

	Rural	Urban
passenger/light truck	_____	_____
truck	_____	_____
tractor	_____	_____
other	_____	_____

I. List the name and permit number for all locations that you will transport waste tires to: (Please attach a separate piece of paper if more space is necessary.)

<u>Name</u>	<u>City</u>	<u>Permit #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

J. If the site where the tires are taken does not have a permit, please explain the circumstances.

K. If this site is located in a state other than Kansas does the site have a tire processing storage or disposal permit from that state?

☐ Yes ☐ No If no explain: _____

L. TRANSPORTER VEHICLE INFORMATION FOR _____:
(Year)

	TRUCK TYPE/ TRAILER	CAPACITY # OF TIRES	LICENSE PLATE NUMBER	MODEL/YEAR	MAKE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

IF YOU OPERATE MORE THAN 10 VEHICLES UNDER ONE REGISTRATION, ADD
ADDITIONAL PAGE(S), CONTAINING REQUESTED INFORMATION ON EACH VEHICLE.

Other attachments

- M. Permit fee made out to KDHE:
Waste Tire Transporter \$100 (permit)
- N. Disclosure Statement
- O. Proof of financial assurance

I certify that all the information provided in this permit application is true and correct to the best of my knowledge. I will abide by the rules of the Kansas Department of Health and Environment.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Note: The signature must be notarized.

Collector and Transporter Permit Checklist

____ This completed permit form.

____ A \$100 non-refundable application fee.

____ A financial assurance instrument issued in favor of the department. Financial assurance will be based on the number of tires hauled per month in accordance with the following schedule:

- a) 0 to 1000 tires \$1,000.00
- b) 1001 to 10,000 tires \$5,000.00
- c) 10,001 and above \$10,000.00

This instrument shall remain in effect during the term of the permit with KDHE being notified, in writing, not less than 30 days prior to cancellation.

INSTRUCTION FOR COMPLETING THE APPLICATION

Registration and application shall be on the form provided by the Department. Data submitted in support of an application shall consist of the following:

APPLICANT

- (A) Please give the legal name; street and mailing address; phone number and listing of responsible person of the individual, partnership, corporation, that is applying for the permit and who will be responsible for the waste tires collected.
- (B) Please check all the waste tire activities in which you will be involved.
- (C) Please provide a description of the type of transport service you will be offering.
- (D) Please provide your estimated number of tires collected and transported, on a daily, monthly, and annual basis.
- (E) Please describe your operation. Will you do any grading or sorting of tires?
- (F) Describe the area you wish to serve.
- (G) Please list accounts you expect to serve in another state.
- (H) Please describe the average collection fees you intend to charge.
- (I) Please list the name and permit number for all locations that you will transport waste tires to.
- (J) Explain the circumstances if the site where the tires are taken does not have a permit.
- (K) If this site is located in a state other than Kansas explain whether the site has a tire processing storage or disposal permit from that state?

- (L) Please provide the KCC, ICC and state license related information for the transporter vehicle information.
- (M) Don't forget to include your permit fee made out to KDHE.
- (N) A disclosure statement is required. Public entities should complete the "Public Entity Disclosure Statement" and private companies should complete the "Business Concerns Disclosure Statement Form II". K.S.A. 65-3407(c)
- (O) A financial assurance instrument issued in favor of the department, in amount acceptable to the department in compliance with K.A.R. 28-29-30(c)(6).

February 5, 2003